## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): FURUIKE

Atty. Dkt.: 1-31

Serial No.: Unknown

Group Art Unit:

Filed: Concurrently herewith

**Assistant Commissioner for Patents** 

Examiner:

Title: DATABASE MANAGING

APPARATUS AND DATABASE

RECORD RETRIEVING APPARATUS

Date: April 18, 2000

Washington, D.C. 20231

## **INFORMATION DISCLOSURE STATEMENT**

Sir:

Pursuant to 37 C.F.R. §1.56, the references listed on the attached Form PTO-1449 are being submitted for consideration by the Examiner. The references are submitted without any admission that such references constitute statutory prior art, or without any admission that the references contain subject matter that anticipates the invention or renders the invention obvious to a person of ordinary skill in the art.

The Examiner is requested to initial the attached PTO Form-1449 and to return a copy of same to the undersigned attorney as proof that the listed references have been considered and made of record.

Respectfully submitted,

David G. Posz Reg. No. 37,701

Law Office of David G. Posz 601 Pennsylvania Avenue, N.W. Suite 900, South Building Washington, D.C. 20004 (202) 220-3105 (phone) (202) 220-3106 (fax)

PTO/SB/05 (4/98) coroved for use through 09/30/2000. OMB 0651-0032 mark Office; U.S. DEPARTMENT OF COMMERCE nation unless it displays a valid OMB control number.

## PATENT APPLICATION TRANSMITTAL

Attorney L	ocket No.	1-31			
First Inver	ntor or Applic	ation Ideni	ifier	FURUIKE	
Title	DATABAS	E MANAG	ING API	PARATUS AND DATA	BASE

IRANSIVIITIAL	Title DATABASE MANAGING APPARATUS AND DATABASE RECORD RETRIEVING APPARATUS						
(Only for new nonprovisional applications under 37 C.F.R.§ 1.53(b))	Express Mail Label No.						
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application content.	Assistant Commissioner for Paten Box Patent Application Washington, DC 20231						
1. X * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)  2. X Specification [Total Pages 35]  -Descriptive title of the Invention -Cross Reference to Related Applications -Background of the Invention -Summary of the Invention -Brief Description of the Drawings -Detailed Description of the Preferred Embodiment -Claims -Abstract of the Disclosure  3. X Drawing(s) (35 U.S.C. 113) [Total Sheets 3]  4. Oath or Declaration [Total Sheets 3]  A Newly executed (original or copy)  b. Copy from a prior application (37 C.F.R. § 1.6 (for continuation/divisional with Box 16 completed in DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b)  **NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)	13. (PTO/SB/09-12) Status still proper and desired  14. X Certified Copy of Priority Document(s) (if foreign priority is claimed)  15. Other:						
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:  Continuation Divisional Continuation-in-part (CIP) of prior application No:  Prior application information: Examiner  For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  17. CORRESPONDENCE ADDRESS							
Customer Number or Bar Code Label	or Correspondence address below						
DAVID G. POSZ 23400  Name LAW OFFICE OF DAVID G. POSZ							
601 PENNSYLVANIA AVE., N.W.  Address SUITE 900, SOUTH BUILDING							
	State D.C. Zip Code 20004						
Country Telepi	hone (202) 220-3105 Fax (202) 220-3106						
Name (Print/type) DAVID G. POSZ Signature	Registration No. (Attorney/Agent) 37,701  Date						

Burden Hour Statement: This form is eximated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETE FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.





PTO/SB/17 (12/99)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision, Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 AND 1.28

TOTAL AMOUNT OF PAYMENT

(\$) 1408

Complete if Known					
Application Number					
Filing Date	April 18, 2000				
First Named Inventor	FURUIKE				
Examiner Name					
Group/Art Unit					
Attomey Docket No.	1-31				

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)					
The Commissioner is hereby authorized to charge indicated		DDIT	ONAL	FEES	· · · · · · · · · · · · · · · · · · ·		
fees and credit any overpayments to:		Entity	Small E		Fee Description	Fee Paid	
Deposit	Fee Code	Fee (\$)	Fee Code	Fee (t)	-	<del></del>	
Account   50-1147	105	130	205	( <b>\$</b> ) 65	Surcharge – late filing fee or oath		
Number	127	50	227	25	Surcharge – late provisional filing fee or		
	121	30	221	25	cover sheet.		
Deposit Account LAW OFFICE OF DAVID G. POSZ	139	130	139	130	Non-English specification		
Name LAW OFFICE OF DAVID G. POSZ					· '		
Charge Any Additional Fee Required	147	2,520	147	2,520	For filing a request for reexamination		
- Orider 37 CFR 98 1.16 and 1.17							
2. X Payment Enclosed:	112	920*	112	920*	Requesting publication of SIR prior to	1	
- Manay -	113	1,840*	113	1,840*	Examiner action		
Check Money Other	113	1,040	113	1,040	Requesting publication of SIR after Examiner action		
FFF OALOU ATION	115	110	215	55	Extension for reply within first month		
FEE CALCULATION	] '''	110	213	33	Extension for teply within first month		
1. BASIC FILING FEE	116	380	216	190	Extension for reply within second month		
Large Entity Small Entity	117	870	217	435	Extension for reply within third month		
Fee Fee Fee Fee Description	118	1,360	218	680	Extension for reply within fourth month		
Code (\$) Code (\$) Fee Paid  101 690 201 345 Utility filing fee 690	128	1,850	228	925	Extension for reply within fifth month		
	119	300	219	150	Notice of Appeal		
200 200 200 200 200 200 200 200 200 200	120	300	220	150	Filing a brief in support of an appeal		
	121	260	221	130	Request for oral hearing		
108 690 208 345 Reissue filing fee	138	1.510	138	1.510	Petition to institute a public use proceeding		
114 150 214 75 Provisional filing fee	140	1,310	240	55	, ,		
SUBTOTAL (1) (\$) 690	141	1.210	240	605	Petition to revive – unavoidable Petition to revive – unintentional		
2. EXTRA CLAIM FEES	142	1,210	242	605	Utility issue fee (or reissue)		
Fee from	143	430	243	215	Design issue fee		
Extra Claims Below Fee Paid	143	580	243 244	290	١		
Total Claims 36 - 20 16 X 18 288	144	560	244	290	Plant issue fee		
Independent 8 - 3 5 X 78 390	122	130	122	130	Petitions to the Commissioner		
Multiple Dependent	123	50	123	50	Petitions related to provisional applications		
**or number previously paid, if greater, For Reissues, see below	126	240	126	240	Submission of information Disclosure Stmt		
Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Description	581	40	581	40	Recording each patent assignment per property (times number of properties)	40	
Code (\$) Code (\$)  103 18 203 9 Claims in excess of 20	146	690	246	345	Filing a submission after final rejection		
To to 200 5 Sidmis III excess of 20	'-"	030	240	545	(37 ČFR § 1.129(a))		
102 78 202 39 Independent claims in excess of 3	149	690	249	345	For each additional invention to be		
104 260 204 130 Multiple dependent claim, if not paid					examined (37 CFR § 1.129(b))		
101 200 204 100		ee (spec	cify)			. 1	
over original patent	Julie II	oo (apar					
110 18 210 9 **Reissue claims in excess of 20 and over original patent Other fee (specify)							
SUBTOTAL (2) (\$) 678	*Reduc	ed by B	asic Filir	ng Fee P	aid SUBTOTAL (3) (\$) 40		

SUBMITTED BY			Complete (if applicable)			
Name (Print/Type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701	Telephone	(202) 220-3105	
Signature	1/and 1.53			Date	4/18/00	

WARNING: Information on this form may become public. Credit card information should not be Included on this form. Provide redit card information and authorization on PTO-2038.

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